PTO/SB/01A (08-03)
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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	METHODS AND SYSTEMS FO	R AUTOMATIC DETECTION OF CORNERS OF A REGION			
As the below named inventor(s), I/we declare that:					
This declaration is d	irected to:				
	The attached application, o	г			
	Application No	, filed on,			
	as amended on	(if applicable);			
I/we believe that I/w sought;	e am/are the original and first inven	tor(s) of the subject matter which is claimed and for which a patent is			
	and understand the contents of the ally referred to above;	above-identified application, including the claims, as amended by any			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INV	/ENTOR/S)				
	ence E. Albertelli	Date: 3//7/04			
	m E alma,	Citizen of: United States of America			
Inventor two: Nina		Date: 3/17/04			
Signature:	ing Kunzy	Citizen of: United States of America			
Inventor three:		Date:			
Signature:		Citizen of:			
Inventor four:		Date:			
Signature:		_Citizen of:			

Additional inventors or a legal representative are being named on additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	N/A		
Filing Date	Herewith		
First Named Inventor	Lawrence E. Albertelli		
Title	METHODS AND SYSTEMS FOR etc.		
Art Unit	N/A		
Examiner Name	N/A		
Attorney Docket Number	12078-205		

i neier	oy appoint:					
Practitioners associated with the Customer Number:  XXXX AND						
Practitioner(s) named below:						
	Name Registration Number					
	Leland D. Schultz		30,322			
	four attorney(s) or agent(s mark Office connected the	) to prosecute the application identified rewith.	d above, and to trans	sact all business	in the United States Patent and	
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:						
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	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of the	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB	Fax		Zip	
	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of the	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB SIGNATURE of Applica	Fax	Record	Zip	3)
	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of the	FR 3.73(b) is enclosed. (Form PTO/SB SIGNATURE of Applica	Fax	Record	Zip	
I am t	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of the Statement under 37 Cit	FR 3.73(b) is enclosed. (Form PTO/SB SIGNATURE of Applica	Fax	Record	Zip	
I am t	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of tt Statement under 37 Ch	FR 3.73(b) is enclosed. (Form PTO/SB SIGNATURE of Applica	Fax	Record Telephone	Zip	
Name Signat Date	Individual Name Address Address City Country Telephone he: Applicant/Inventor. Assignee of record of the Statement under 37 Citions Lawrence E. Alberteure  3//7/6	SIGNATURE of Applica	Fax	Telephone		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Filing Date	Herewith
First Named Inventor	Lawrence E. Albertelli
Title	METHODS AND SYSTEMS FOR etc.
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	12078-205

I hereby appoint:			7			
Practitioners associated with the Customer Number:	26486					
XXXX AND						
Practitioner(s) named below:						
Name		Registration N	lumber			
Leland D. Schultz		30,322				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recognize or change the correspondence address for t	the above-identified application	on to:				
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The address associated with Customer Number:						
OR I						
Firm or Individual Name						
Address						
Address	Louis		T 7: T			
City Country	State		Zip			
Telephone	Fax					
I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Nina Kung	<u> </u>					
Signature Mina Kun Ta						
Date 3/17/04/	==	Telephone				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 2 forms are submitted.						

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